

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
1240409
APPLICANT(S)

FILING DATE
8-17-00

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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TOTAL	4					
TOTAL	34	13				

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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